# I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

#### SIGNATURE: CRISTINA PALOMO

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N08000004624

Entity Name: VIZCAYNE MASTER ASSOCIATION, INC.

#### **Current Principal Place of Business:**

253 NE 2ND STREET MANAGEMENT OFFICE MIAMI, FL 33132

## **Current Mailing Address:**

VIZCAYNE MASTER ASSOCIATION C/O KWPMC 8200 NE 33RD ST SUITE 300 MIAMI, FL 33122 US

## FEI Number: 26-3538542

SIGNATURE: DAVID B. HABER

## Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

HABER LAW, PA 251 NW 23RD STREET MIAMI, FL 33127 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

Officer/Director Detail :			
Title	PRESIDENT	Title	VP
Name	PALOMO, CRISTINA	Name	SIMON, CARLOS
Address	253 NE 2ND STREET MANAGEMENT OFFICE	Address	253 NE 2ND STREET MANAGEMENT OFFICE
City-State-Zip:	MIAMI FL 33132	City-State-Zip:	MIAMI FL 33132
Title	TREASURER	Title	SECRETARY
Name	JOVANASKA, ZORICA	Name	CUMMINGS, LUIS
Address	253 NE 2ND STREET MANAGEMENT OFFICE	Address	253 NE 2ND STREET MANAGEMENT OFFICE FL
City-State-Zip:	MIAMI FL 33132	City-State-Zip:	MIAMI FL 33132
Title	DIRECTOR		
Name	HERNANDEZ, JONATHAN		
Address	253 NE 2ND STREET MANAGEMENT OFFICE		
City-State-Zip:	MIAMI FL 33132		

Certificate of Status Desired: No

05/01/2024 Date

# FILED May 01, 2024 Secretary of State 3313330165CC

05/01/2024 Date